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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒ Customer Number or Bar Code Label ☐ OR ☐ Correspondence address below

Name Robert S. Kelly

Address 19191 Portos Place

City Saratoga

State CA

ZIP 95070

Country USA

Telephone 408-867-5648

Fax 408-872-0787

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Stephen T.

Family Name or Surname Mack

Inventor's Signature

Date 6/11/01

Residence: City

Los Altos

State

CA

Country

USA

Citizenship

USA

Mailing Address

same

City

State

ZIP

94024

Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Donald J.

Family Name or Surname Pierce

Inventor's Signature

Date June 11, 01

Residence: City

Belmont

State

CA

Country

USA

Citizenship

USA

Mailing Address

same

City

State

ZIP

94002

Country

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Stephen T. Mack
Title	
Group Art Unit	
Examiner Name	
Attorney Docket Number	ES-1003A

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

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Name	Registration Number
Robert S. Kelly	25,278

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Individual Name

Robert S. Kelly

Address 19191 Portos Place

Address

City Saratoga State CA Zip 95070

Country USA

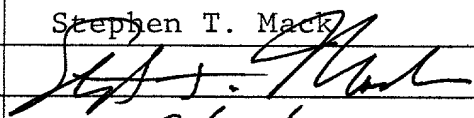
Telephone 408-867-5648 Fax 408-872-0787

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Stephen T. Mack
Signature	
Date	6/11/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 2 forms are submitted.

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Attorney Docket Number

Stephen T. Mack

ES-1003A

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Name	Registration Number
Robert S. Kelly	25,278

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☒ Firm or
Individual Name

Robert S. Kelly

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Fax

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Donald J. Pierce

Signature

Donald J. Pierce

Date

June 11, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 2 forms are submitted.

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